

OFFICE USE ONLY
Attorney _____
Date _____

How did you learn of our office?

_____ Internet

_____ Yellow Pages: Please check if known:

_____ The Phone Source

_____ Yellow Book

_____ Other local phone book

_____ Referred by _____

_____ Other _____

Have you visited our website? Yes _____ No _____

If yes, please comment:

CONFIDENTIAL CUSTODY/DIVORCE QUESTIONNAIRE

It is important to complete this questionnaire as fully and accurately as possible. You will be paying for the time we spend on your case and you will save expenses by providing us with complete information.

This form is designed to alert us to items to which we should give attention, as well as to provide necessary information. We do not know the facts of your case as well as you do. Tell us as much as you know so that we can do a better job for you.

1. What is your full name?

First: _____

Middle: _____

Last: _____

Maiden: _____

Former married names:

Current Spouse: _____

2. Please give the following information about yourself:

SSN: _____

DL No: _____

Date of Birth: _____

Place of Birth: _____

Current Age: _____

Race: _____

Number of this marriage: _____

(ie: 1st, 2nd, ect.)

Last grade completed in school: _____

What is opposing party's full name?

First: _____

Middle: _____

Last: _____

Maiden: _____

Former married names:

Current Spouse: _____

Please give the following information about opposing party:

SSN: _____

DL No: _____

Date of Birth: _____

Place of Birth: _____

Current Age: _____

Race: _____

Number of this marriage: _____

(ie: 1st, 2nd, ect.)

Last grade completed in school: _____

3. What pronouns do you prefer that we use when talking about you?

a. She/her/hers

c. They/them/them

b. He/him/his

d. Other: Please specify _____

4. Have you consulted us for legal advice before? Yes ___ No ___

5. **Marriage:** Date _____ City _____ County _____ State _____

6. Your Current Contact Information:

a. Physical address _____

b. Mailing address _____

c. City, State, Zip _____

d. Home phone number _____

e. Cell/mobile _____

f. Email (if you want to be contacted by email) _____

g. How long in Oregon? _____

7. **Are you currently employed?** Yes ____ No ____ If yes, please provide information:

- a. Job title _____
- b. Name of employer _____
- c. Employer address _____
- d. City, State, Zip _____
- e. Telephone number _____ Fax number _____
- f. Gross income _____ Net (take home) income _____

8. **Opposing party's Current Contact Information:**

- a. Physical address _____
- b. Mailing address _____
- c. City, State, Zip _____
- d. Home phone number _____
- e. Cell/mobile _____
- f. Email _____
- g. How long in Oregon? _____

9. **Is opposing party currently employed?** Yes ____ No ____ If yes, please provide information:

- a. Job title _____
- b. Name of employer _____
- c. Employer address _____
- d. City, State, Zip _____
- e. Telephone number _____ Fax number _____
- f. Gross income _____ Net (take home) income _____
- g. Does your opposing party contribute to a 401k or 403b each month?

- h. Does opposing party receive other sources of income? Bonuses, stock options, disability benefits _____
- i. Does opposing party received reimbursement for work related expenses? _____
- j. Does opposing party own or have a share of a business? _____
- k. Does opposing party own any property not physically in the state of Oregon? ____

10. **Do you have children?** Yes ____ No ____ If yes, please provide information and indicate whether the child was born of this marriage or of a former marriage of your opposing party or yourself:

First	Middle	Last	Sex	Birthdate	Age	Mine	Ours	Opposing party's	SSN

Are you or opposing party pregnant now? Yes ____ No ____

11. **Answer only if you inquiring about a divorce. *If you are divorced and are now seeking a modification, skip to question #12.**

- a. Are you separated from your spouse? Yes ___ No ___ Date of Separation _____
- b. Were any children living in your household at time of separation?
- c. Have there been prior separations? Yes ___ No ___ If so, how many? _____
Approximately when and for how long? _____

12. **Answer only if you are divorced and seeking modification:**

- a. What is the date of your divorce decree? _____
- b. In what county did your divorce occur? _____
- c. Have any orders been entered modifying the original decree? Yes ___ No ___

13. **Custody:**

- a. Who has physical custody of the child(ren)? You ___ Opposing party _____
- b. Are you seeking custody of the child(ren) of this marriage? Yes ___ No ___
- c. Are any of the children adopted? Yes ___ No ___
- d. Are there any restraining order or any other type of custody order currently in effect or pending? Yes ___ No ___

14. **Support:**

- a. Are you now paying support? Yes ___ No ___ If so, how much? _____
- b. Are you now receiving support? Yes ___ No ___ If so, how much? _____
- c. Are you or your opposing party receiving any form of public assistance? Yes ___ No ___
- d. Other than children, do you have any dependents? Yes ___ No ___

15. **Health of Parties:**

- a. Is there anything we should know about the mental or physical health of any party to this action? Yes ___ No ___
- b. Do any of your children have significant health or dental needs? Yes ___ No ___

16. **Are you or the opposing party now in the US Armed Forces or Reserves?** Yes ___
No ___

17. **Does the opposing party have any attorney?** Yes ___ No ___ If so, who?

18. **Description of opposing party:**

Age ___ Height ___ Weight ___ Eye color ___ Hair color ___
Facial hair ___ Glasses ___ Marks, tattoos _____

19. **Do you or opposing party carry concealed weapons?** Yes ___ No ___

20. **In the event of an emergency or we are unable to contact you, who should we contact?**

Name: _____ Relationship: _____
Home Phone: _____ Work Phone : _____

I UNDERSTAND THE FIRM HAS NOT ACCEPTED MY CASE AND WILL NOT ACT AS MY ATTORNEY UNTIL I HAVE SIGNED A FEE AGREEMENT AND PAID THE TRUST BALANCE.

Signature

Date